

Quick Study® HEALTH

an introduction to

Health Care

purpose

- > What are a patient's rights and responsibilities?
- > What are the different types of health care?
- > Who provides health care services?
- > Where are the services provided?
- > How is health care financed?



- The health care industry is one of the most complex, regulated, diversified and technologically advanced systems in American society
- This guide presents an overview of selected components within the delivery system
- The patient receives health care from health professionals in a setting as a result of a particular health insurance plan
- Providers are reimbursed by the payer (patient, government, managed care company, private insurance company) according to the contractual terms of the health plan

definitions

health Dynamic state of balance characterized by anatomical, physiological, social, psychological and spiritual integrity

health care Services provided for the purpose of promoting, maintaining, monitoring or restoring physical or mental health

health care industry Complex array of preventive, remedial and therapeutic services provided by health facilities, practitioners, government and voluntary agencies, noninstitutional care facilities, medical equipment and pharmaceutical manufacturers and health insurance companies

health care system A structured network of services encompassing personal health care, public health services, teaching and research activities, and health insurance coverage

patient/client Recipient of a health service

provider A health professional and/or facility/organization/company authorized to provide health care



Health Care

preventive care

Focus on disease prevention and health maintenance

Primary

Activities directed toward:

- Improving general well-being
- Involving specific protection for selected diseases *Ex.* Immunizations, school education programs

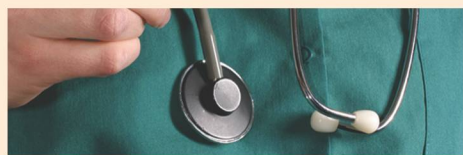
Secondary

Focuses on:

- Early diagnosis
- Rapid initiation of treatment
- *Ex.* Screening tests

Tertiary

- Concern with rehabilitation and return of a patient to maximum usefulness with a minimum risk of recurrence
- Want to prevent further deterioration *Ex.* rehabilitation therapies (physical/occupational therapy)



hierarchy of care

Range of services within the system

⊙ Preventive Care

- Education on good health habits and resources to prevent illness/disease
- Focus on disease prevention and health maintenance
- Identification of individuals at risk for developing specific health problems
- Appropriate interventions to prevent a health problem

⊙ Primary Care

- Early detection and routine treatment of health problems
- Usually the health care system entry point
- Provided in an ambulatory facility

⊙ Secondary Care

- **Traditional acute care for:**
 - Emergency care
 - Diagnosing and treating an illness
- Individuals may enter system at this level
- Intermediate level of health care

⊙ Tertiary Care

- Specialized, highly technical care
- Performed in a sophisticated, research/teaching medical center

- Given by highly trained specialists using advanced technology

⊙ Restorative Care

- Intermediate follow-up and rehabilitation for convalescing patients
- Includes subacute care

⊙ Continuing Care

- Long term with little expectation of improvement in physical/mental status
- Care of the chronically ill
- Performed at home or in a medical facility
- Includes palliative care (relieves/reduces uncomfortable symptoms, does not cure) and respite care (temporary relief for the primary caregiver)

SETTINGS

Sites/locations where one or many health services are provided; some settings fit into multiple categories; Ex. hospitals

⊙ Ambulatory Care

- Care provided on an outpatient basis—does not require an overnight stay in a health facility
- Includes a variety of services—preventive care activities, diagnostic testing, therapies and rehabilitation
- Office based medical practice—most pre-dominant setting

- **Additional settings include:**

Clinics	Centers	Agencies
Hospital	Surgical	Volunteer
Health Dept.	Renal Dialysis	Home Health Care
School	Community Health	
Industrial	Urgent / Emergency Care	
Prison	Birthing	
Family Planning	MRI	
Walk-in	Women's Health	
Volunteer	Pain Management	

- Clinical laboratories, internet, mobile diagnostic and medical screening services

⊙ Hospitals

- Provide a variety of inpatient and outpatient health services
- Voluntary accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

- **Characteristics:**

- Licensed
- Continuous nursing services
- Structured medical staff
- Specialized departments (radiology, laboratory, etc.)

- **Categories:**

- **Ownership:** Government/private (investor owned/not for profit)
- **Scope/type of service:** General/specialized
- **Location:** Urban/rural
- **Length of stay:** Short-term/long term

⊙ Long Term Care

- Medical, nursing, social, personal care, rehabilitative and palliative care provided on a recurring or continuing basis to individuals with chronic disease, disability or mental disorders
- **Settings include:**
 - **Community based:** Adult daycare centers, hospice, home (health care/delivered meals), senior centers, community residential care facilities
 - **Institutions:** Skilled nursing facilities, assisted living facilities, continuous care retirement communities, Alzheimer's facilities

Health Professionals

definitions

accreditation Process whereby an independent, impartial organization/agency formally recognizes a health facility or an educational program as meeting its predetermined standards *ex.* Commission on Accreditation of Allied Health Education Programs (CAAHEP)

certification Permission granted by a nongovernment agency or association to practice a profession after successful completion of preestablished standards

code of ethics Set of ethical standards/principles which guide an individual's behavior/conduct

ethics Moral standards/principles governing professional conduct: ethical principles include:

- **Autonomy** Independent decision-making, personal choice
- **Beneficence** Doing good, kindness, charity
- **Fidelity** Observance of promises and duties, promise-keeping
- **Justice** Righteousness, equitableness, fairness
- **Nonmaleficence** Duty to do no harm

Good Samaritan laws State laws protecting health professionals from civil liability when providing emergency assistance; assistance cannot be reckless/grossly negligent

licensure Permission granted by a government agency to practice a profession after successful completion of preestablished standards; requirements vary by state

Licensure by Endorsement Process of evaluating an "out-of-state" professional's credentials

malpractice professional misconduct /negligence

- **Four criteria for malpractice:**

- **Duty:** Obligation/responsibility to the patient
- **Breach of duty:** Failure to perform responsibility
- **Damages:** Injury must have occurred
- **Causation:** Injury was caused by breach of duty

professional liability Legal obligation of health professionals, or their insurers, to compensate patients for damages caused by acts of omission or commission by practitioners

reciprocity Mutual agreement between two states whereby each state recognizes the license from the other state

registration Listing of licensed or certified health professionals on an official roster

scope of practice Professional practice boundaries (rights, responsibilities, restrictions)

standards of care Expected professional conduct in a given situation (reasonably prudent person concept)



professional designations

ARNP	Advanced Registered Nurse Practitioner
ATR-BC	Registered Art Therapist—Board Certified
CCT	Certified Cardiographic Technician
CDA	Certified Dental Assistant
CDT	Certified Dental Technician
CMA	Certified Medical Assistant
CNMT	Certified Nuclear Medicine Technologist
CO	Certified Orthotist
COMT	Certified Ophthalmic Medical Technologist
COT	Certified Ophthalmic Technician
COTA	Certified Occupational Therapy Assistant
CP	Certified Prosthetist
CPhT	Certified Pharmacy Technician
CPO	Certified Prosthetist & Orthotist

CRC	Certified Rehabilitation Counselor
CRT	Certified Respiratory Therapist
CST	Certified Surgical Technologist
CT (ASCP)	Cytotechnologist (American Society of Clinical Pathologists)
CTRS	Certified Therapeutic Recreation Specialist
DC	Doctor of Chiropractic
DDS	Doctor of Dental Surgery
DMD	Doctor of Dental Medicine
DO	Doctor of Osteopathy
DPM	Doctor of Podiatric Medicine
DTR	Dietetic Technician, Registered
EMT	Emergency Medical Technician
EMT-P	Emergency Medical Technician—Paramedic
HT (ASCP)	Histologic Technician (American Society of Clinical Pathologists)

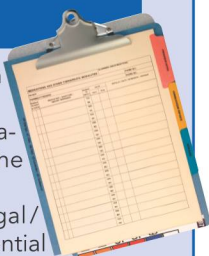
Patient / Client

physician/patient *relationship*

- **Physician is patient's advocate:** what is in the best interest of the patient
 - Relationship has evolved from a paternalistic to a collaborative decision making model
 - Mutual agreement and joint obligations between physician and patient
- **Physician/Patient Privilege**
 - **Protection of confidential physician/patient communication in a legal proceeding:**
 - Patient consent needed
 - Privilege belongs to the patient; utilized for patient's benefit
 - Statutory law usually applies; exceptions in many states
 - Relates to confidential disclosures during the course of treatment
- **Fiduciary Relationship**
 - An individual has a duty to act for the benefit of another within the confines of the relationship; physician/patient relationship based upon confidentiality, trust, honesty and good faith
 - Hippocratic Oath states, "What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about..."

confidentiality

- Privileged communication between health professional and the patient
- **Patient's right to privacy** information cannot be released without the patient's consent
- Health professionals have a legal/ethical duty not to disclose confidential information
- **Legal exceptions vary by state and include:**
 - Abuse (child, elder, spouse)
 - Court order
 - Gun / knife wounds
 - Infectious/communicable diseases



consent

- **Giving approval, permission or agreement**
- **Basic patient right**
- **Patient Self-Determination Act, 1990:**
 - An individual has the right to accept or refuse medical or surgical treatment
- Patient signs a general/blanket consent form when admitted into a health care facility
- Special consent forms required for most invasive procedures—research studies, clinical trials, surgery, chemotherapy, and other specialized interventions
- **Express Consent**
 - Verbal or written consent
 - Clearly and directly stated
- **Informed Consent**
 - **Signed, dated, witnessed agreement** must be signed prior to the treatment intervention
 - Patient authorizes specific intervention
 - **Purpose** Patient autonomy, right to make decisions regarding health care
 - **Components:**
 - **Informed:**
 - Information is provided on the risks, complications, benefits, alternatives, description of the intervention, definition of and probability of success and consequences if intervention is refused
 - **Consent:** Agreement /authorization for intervention
 - **Conditions:**
 - Conscious, mentally competent adult (if minor, parent(s) or legal surrogate)
 - Voluntarily signed
 - Information on intervention has been given to the patient
 - All patient's questions have been answered
 - All statements are clear, rational and understood by the patient
- **Implied Consent** Inferred from one's behavior or silence; **Ex.** medical emergency, unanticipated situation

medical *records*

- **A permanent, legal record of a patient's care:** patient's medical care profile/data base
- Medical records are required by accrediting, certifying and licensing agencies and organizations
- Documentation must be correct, complete, legible, factual and timely
- Each health care facility has its own charting policies and procedures
- **Purpose** Patient care management, reimbursement, teaching/research, communication, legal and medical review

HTL (ASCP)	Histotechnologist (American Society of Clinical Pathologists)
LCSW	Licensed Clinical Social Worker
LMHC	Licensed Mental Health Counselor
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
MD	Doctor of Medicine
MLT (ASCP)	Medical Laboratory Technician (American Society of Clinical Pathologists)
MT (ASCP)	Medical Technologist (American Society Of Clinical Pathologists)
MT-BC	Music Therapist-Board Certified
NA	Nursing Assistant
OD	Doctor of Optometry
OTR	Occupational Therapist, Registered
PA-C	Physician Assistant-Certified
PT	Physical Therapist

PTA	Physical Therapist Assistant
RCIS	Registered Cardiovascular Invasive Specialist
RCS	Registered Cardiac Sonographer
RD	Registered Dietician
RDH	Registered Dental Hygienist
RDMS	Registered Diagnostic Medical Sonographer
RHIA	Registered Health Information Administrator
RN	Registered Nurse
R.Ph.	Registered Pharmacist
RRT	Registered Respiratory Therapist
RT (N)	Radiologic Technologist (Nuclear Medicine)
RT (R)	Radiologic Technologist (Radiographer)
RT (T)	Radiologic Technologist (Radiation Therapist)
RVS	Registered Vascular Specialist
SCT (ASCP)	Specialized Cytotechnologist (American Society of Clinical Pathologists)

- **Basic Rule** "If it wasn't recorded, then it wasn't done."
- **Contents** Medical/family history, complaints, observations, progress notes, orders, results from diagnostic tests/procedures, treatments, medications, diagnosis and documents (informed consent forms, advance directives, etc)
- **Ownership** Physical property of the health care facility or practitioner
- **Accessibility** Generally, with proper written authorization the patient has accessibility; governed by state law
- **Retention** Time period determined by state/federal laws
- **Health Insurance Portability and Accountability Act 1996 (HIPAA)**

- First federal privacy standards protecting patients' medical records and other individually identifiable health information
- **Addresses the following issues:**
 - **Access to medical records:** Generally, patients should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes
 - **Notice of privacy practices:** Covered health plans, doctors and other health care providers must provide a notice to their patients on how their personal medical information will be used and their rights under the privacy regulation
 - **Use of Personal medical information:** Sets limits on how individually identifiable health information may be used
 - **Prohibition on marketing:** Sets restrictions and limits on the use of patient information for marketing purposes
 - **Stronger state laws:** Standards do not affect state laws that provide additional privacy protections for patients
- **Confidential communication** Patients can request their doctors, health plans and other covered entities take reasonable steps to ensure communications are confidential
- **Complaints:**
 - Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider
 - Enforcement by the U.S. Department of Health and Human Services Office for Civil Rights (OCR)—civil and criminal penalties
- **Law reflects basic principles of:**
 - Consumer control ◦ Public responsibility
 - Boundaries ◦ Security
 - Accountability

patients' rights & responsibilities

- **Rights**
 - Receive accurate, easily understood information about health plans, professionals, and facilities
 - Choice of providers and plans that ensure access to appropriate high quality health care
 - Access to emergency health services when and where needed
 - Participate in health care decisions
 - Considerate, respectful care from health professionals at all times and under all circumstances
 - **Communicate with providers in confidence** individually identifiable information is protected
 - Fair and efficient process for resolving differences with health plans, practitioners, and facilities
- **Responsibilities**
 - **Practice good health habits** live a healthy lifestyle
 - **Comply with treatment plan** learn about medical condition
 - Communicate relevant information to health practitioners
 - Recognize risks and limits of medical science
 - Know health plan coverage, options, administrative and operational procedures
 - Respect other patients and health professionals
 - Make a good faith effort to meet financial obligations
 - Report wrongdoing and fraud to the appropriate authorities

treatment rights

- **A patient can:**
 - Accept or reject treatment (informed consent vs. informed refusal)
 - Leave a hospital against medical advice
- **Emergency Medical Treatment and Active Labor Act 1986 (EMTALA)**
 - Patient anti-dumping law
 - **Established criteria for:**
 - Emergency services ◦ Interhospital patient transfer
 - **Hospitals must provide:**
 - Medical screening exam—does an emergency condition exist?
 - Prior to transfer, stabilizing treatment for an emergency patient and a woman in active labor
 - Continued treatment until patient's discharge or transfer
 - In emergencies, patient has right to treatment, regardless of ability to pay or insurance coverage
 - Gives guidelines for transfer of a non-stabilized patient
 - Applies to all hospitals receiving federal funds
 - Penalties for violation of the law

advance directives

- **Written legal documents whereby an individual indicates treatment preferences/instructions should s(he) become decisional incapacitated**
 - Signed, dated, witnessed documents put in medical record
- **Types of and requirements for directives vary by state law**
- **Patient Self-Determination Act 1990**
 - Applies to most institutional providers and prepaid plans participating in Medicare or Medicaid
 - **Law requires that providers and prepaid plans:**
 - Document (in the medical record) whether the individual has an advance directive
 - Educate staff and community about directives
 - Develop and provide patients written information on their rights to execute an advance directive
 - **Ask each admitting patient if s(he) has an advance directive:** patient has the right to prepare one if s(he) so desires
 - Ensure state law compliance regarding advance directives
 - Inform patients of the facility's policies and procedures concerning implementation of an advance directive
 - Do not discriminate in the provision of care/ treatment on the presence or absence of an advance directive
- **Types of Advance Directives:**
 - **Instructive**
 - **Living Will**
 - Written instructions for life prolonging procedures—provide, withhold or withdraw
 - Can include non-specific or specific treatment statements
 - Takes effect when a patient cannot communicate his/her wishes
 - **Do Not Resuscitate (DNR) order**
 - Written instructions that the patient does not wish to be resuscitated in the event of cardiopulmonary arrest
 - **Health Care Surrogate/Proxy**
 - Also called **Durable Power of Attorney for Health Care**
 - Authorizes another individual (proxy/surrogate) to make health care decisions for the patient
 - Patient must be decisional incapacitated/incompetent unable to make medical decisions
 - **A surrogate can be given the power to:**
 - Refuse or consent to treatment/medication
 - Withdraw life sustaining treatment
 - Access medical records
 - Make anatomical gifts
 - Authorize admission/discharge from a health facility

Financing

definitions

Ambulatory Patient Classifications (APCs) A prospective payment system for ambulatory care services; APCs are groupings of services and procedures that are clinically similar and use comparable resources

Benefits Health services provided according to the health plan contract

Consolidated Omnibus Budget Reconciliation Act 1985 (COBRA) Requires employers to permit employees/family members to continue group health coverage at their expense, but at group rates, if they lose coverage due to certain events

Co-payment Specified charge for a service, paid by enrollee when service is provided

Deductible A specific amount of money the enrollee must pay before insurance benefits begin

Diagnosis Related Groups (DRGs) Prospective payment system for inpatient hospital services; classification system based on diagnostic category/code

Employee Retirement Income Security Act 1974 (ERISA) Protects individuals enrolled in pension, health and other benefit plans sponsored by private sector employers; Administered by U.S. Department of Labor

Enrollee/subscriber Member receiving health services under a particular health plan

Home Health Resource Groups (HHRGs) a prospective payment system for home health services: classification based on

the health condition (clinical characteristics) and service needs of the beneficiary

Managed care A system combining the functions of health insurance, delivery and administration to promote cost-effective health care

Medicare Supplement Policy (Medigap) Health insurance that pays certain costs not covered by Medicare

Out-of-pocket expenses Costs not covered by a health insurance plan

Pre-existing condition Medical condition that existed prior to the date insurance coverage began

Preferred providers Providers who contract to offer health services in a particular health plan

Primary Care Provider (PCP) Health professional serving as the initial interface between the enrollees and the health care system; usually a physician, the PCP coordinates the treatment of enrollees

Premium Amount paid by a policyholder for insurance coverage

Prepayment Advance payment for health services

Resource Utilization Groups (RUGs) A prospective payment system for skilled nursing facility care; nursing home residents are classified based on their clinical condition, used services and functional status

Self-insurance plan Financial risk for provided health services carried by the sponsoring employer

Third party payer Intermediary between patient and provider reimburses provider for patient's care; Ex. insurance companies and governments (federal/state/local)

Utilization Review (UR) A formal utilization assessment for appropriateness and economy of delivered health care services

insurance / reimbursement

Health Insurance plan

- Financing method for health services
- Contractual agreement whereby one party (insurer) agrees to indemnify or reimburse another party for services according to the contract terms
- Contains the benefits, exclusions and other coverage requirements
- Two categories of health financing:
 - Public Financing:**
 - Medicaid
 - Medicare
 - Military Health Services (TRICARE)
 - Department of Veterans Affairs
 - Indian Health Services
 - State Children's Health Insurance Program (SCHIP)
 - Private Financing:**
 - Managed Care Plans
 - Individual private health insurance
 - Group insurance
 - Self-Insurance
- Health Insurance Portability and Accountability Act 1996 (HIPAA)** Eligible individuals guaranteed the right to purchase individual health insurance with no pre-existing condition exclusions, if certain federal requirements are met

Provider Reimbursement Methods

- capitation** Flat rate per person for health services during a specified time
- fee for service** Specific dollar amount for each service performed; some third-party payers use a "discounted fee for service"
- per diem rate** A per day flat inpatient rate determined by bundling/combining all services provided per patient
- Prospective Payment System (PPS)** An established predetermined rate for health services based on the setting where the service is provided:
 - APCs—ambulatory care
 - HHRGs—home health
 - DRGs—hospital inpatient
 - RUGs—skilled nursing facility
- Resource-Based Relative Value Scale (RBRVS)** Used by Medicare for physician reimbursement; relates payments to resources physicians use
 - Three categories of resources—physician's work, practice expenses and malpractice insurance expenses
- retrospective payment system** Patient day rate determined after 3rd party payers have formulated "allowable costs"
- salary** Compensation paid for work/services



managed care models

The listed models are representative: there are many variations within the basic models

Health Maintenance Organization (HMO) Healthcare practice providing comprehensive health services to voluntary enrollees for a fixed, prepaid fee; emphasis on prevention and early detection of disease

- Different models include:
 - Staff:** HMO salaried physicians, clinic-type arrangement, only HMO members
 - Group:** HMO contracts with a multi-specialty physician group: group provides all medical services
 - Network:** HMO contracts with multiple physician group practices
 - Independent Practice Association (IPA):** HMO contracts with a legally organized association of private practice physicians

Preferred Provider Organization (PPO)

- Contracted agreement between providers and purchasers of services
- Discounted fee for service
- Enrollee financially penalized if non-participating provider used
- Preauthorization required for selected services

Exclusive Provider Organization (EPO)

- Similar to PPO in structure and purpose
- Enrollee limited to contracted providers

Point of Service (POS)

- Hybrid of HMO and PPO
- Provider chosen when care is needed
- Financial incentive to use participating providers

Integrated Delivery System/Network (IDS/IDN)

Group of organizations providing coordinated, comprehensive and cost effective health services; Ex. Physician—Hospital Organization (PHO)—hospital (or a group of hospitals) and physicians

Selected Government Programs

⊙ Medicare

- Title XVIII of the Social Security Act
- Established in 1965
- Administered by the Centers for Medicare and Medicaid Services (CMS)—a federal agency
- **Health insurance program for:**
 - People age 65 or older
 - People under age 65 with certain disabilities
 - People of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant)
- Part A—Hospital Insurance
 - **Helps cover medically necessary:**
 - Inpatient hospital stay
 - Skilled nursing facility care
 - Home health care
 - Hospice care
 - Blood—received as an inpatient
 - Certain conditions must be met
 - Most people do not have to pay a premium for Part A
- Part B—Medical Insurance
 - **Helps cover medically necessary:**
 - Medical and other services—doctors' services, outpatient medical/surgical services and supplies, durable medical equipment, outpatient mental health care, occupational and physical therapy, diagnostic tests, second surgical opinions
 - Clinical laboratory services
 - Home health care
 - Outpatient hospital services
 - Blood—received as an outpatient
 - Preventive Services—selective screening tests and flu, pneumococcal and Hepatitis B shots
 - Services and supplies must be medically necessary
 - Most people pay a monthly premium for Part B
- Uses a Prospective Payment System (PPS) for provider reimbursement
- **Quality Improvement Organization (QIO) Program** National Network of QIOs, designed to monitor and improve health care utilization and quality for Medicare beneficiaries

⊙ Medicaid

- Title XIX of the Social Security Act
- Established in 1965
- Jointly funded cooperative venture between federal and state governments
- **Purpose** To assist states in providing adequate medical care to "eligible needy persons"
- **Within federal guidelines, each state:**
 - Establishes its own eligibility standards
 - Determines the type, amount, duration and scope of services
 - Sets the payment rate for services
 - Administers its own program



- Largest program providing medical and health related services to low income people
- Program varies considerably from state to state
- States must provide coverage for the "categorically needy"; may provide coverage for the "medically needy"
- **Five broad coverage groups for Medicaid:**
 - Children
 - Pregnant women
 - Adults in families with dependent children
 - Individuals with disabilities
 - Individuals 65 and over
- **Basic services that must be offered to the "categorically needed" include:**
 - Inpatient/outpatient hospital services
 - Physician/pediatric and family nurse practitioner services
 - Laboratory/x-ray services
 - Nursing facility services for individuals aged 21 or older
 - Family planning services and supplies
 - Home health care for persons eligible for skilled nursing services
 - Rural health clinic/federally qualified health center and ambulatory center services
 - Prenatal care
 - Vaccines for children
 - Midwife services
 - Early and periodic screening, diagnosis and treatment services for individuals under age 21

⊙ State Children's Health Insurance Program (SCHIP)

- Title XXI of the Social Security Act
- Established in 1997
- **Federal/state partnership** state administered with each state setting its own guidelines on eligibility and services
- **Purpose** Expand health insurance coverage for children
- **Covers uninsured low-income children who are:**
 - Not eligible for Medicaid
 - Under the age of 19 yrs
 - **An uninsured low income child resides in a family with an income:**
 - Below 200% of the Federal Poverty Level (FPL) OR
 - 50% higher than the state's Medicaid eligibility threshold
- **A state can:**
 - Expand Medicaid eligibility
 - Design a separate children's health insurance program
 - Develop a combination of the two options
 - The federal government must approve each state's plan
- **Insurance pays for:**
 - Doctor visits
 - Hospitalizations
 - Immunizations
 - Emergency room visits



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